

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	JB	12	5/17
O.I.P. E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected N
☐ Allowed I
☐ (Through numeral) Canceled A
☐ Restricted O

Non-elected
 If tentative
 Appeal
 Disputed

Claim	Date
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If more than 150 claims or 10 actions
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